Pennsylvania Department of Health

PLAN OF CORRECTION (POC) IDE		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390102		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 08/03/2023	
NAME OF PROVIDER OR SUPPLIER: UPMC ST. MARGARET STATE LICENSE NUMBER: 195901			STREET ADDRESS, CITY, STATE, ZIP CODE: 815 FREEPORT ROAD PITTSBURGH, PA 15215				
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETE DATE		COMPLETE	
P 0000	This report is the result of an unannounced complaint investigation (CHL23C288A) con August 3, 2023 at Upmc St. Margaret. I determined that the facility was in compliat the requirements of the Pennsylvania Depa Health's Rules and Regulations for Hospita Code, Part IV, Subparts A and B, Novemb 1987, as amended June 1998.		ompleted it was ince with artment of als, 28 PA	P 0000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE					TITLE:	(X6) DATE:	

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Certified End Page

UPMC ST. MARGARET

STATE LICENSE NUMBER: 195901 SURVEY EXIT DATE: 08/03/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

Jeanne Jaim

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY